

**State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
April 12, 2011 Meeting
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**Board of Licensure in Medicine
137 State House Station, (mailing)
161 Capitol Street (physical address)
Augusta, Maine 04333-0137
Minutes of April 12, 2011**

BOARD MEMBERS PRESENT

Gary R. Hatfield, M.D., Board Secretary
Cheryl Clukey
George K. Dreher, M.D.
David H. Dumont, M.D.
Maroulla Gleaton, M.D.
David D. Jones, M.D.
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D., Medical Director
Dan Sprague, Assistant Executive Director
Jean M. Greenwood, Board Coordinator
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dr. Oldham and Ms. Baxter were excused. Dennis Smith, Assistant Attorney General
Detective Peter Lizanecz

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S. §8003-B, and 22 M.R.S. § 1711-C.) The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS

9:02 a.m. – 9:03 a.m.
10:48 a.m. – 10:48 a.m.
11:04 a.m. – 11:05 a.m.
12:06 p.m. – 12:07 p.m.
1:01 p.m. – 1:02 p.m.
1:41 p.m. – 1:43 p.m.
2:00 p.m. – 2:01 p.m.
2:31 p.m. – 2:35 p.m.
3:29 p.m. – 3:30 p.m.
3:57 p.m. – 4:28 p.m.
4:50 p.m. – 5:16 p.m.
5:21 p.m. – 6:20 p.m.

PURPOSE

Call to Order
Public Session
Public Session
Vote on Informal Conference
Public Session
Vote on Informal Conferences
Public Session
Public Session
Public Session
Public Session
Public Session
Public Session/Adjournment

EXECUTIVE SESSION

9:03 a.m. – 10:48 a.m. Review Progress Reports and Complaints
11:05 a.m. – 12:06 p.m. Informal Conference
1:02 p.m. – 1:41 p.m. Informal Conference
2:01 p.m. – 2:31 p.m. Review New Complaints
2:35 p.m. – 3:29 p.m. Informal Conferences
4:28 p.m. – 4:50 p.m. Review of New Complaints and A & Ds

RECESS

10:48 a.m. – 11:04 a.m.

12:07 p.m. – 1:01 p.m.

1:43 p.m. – 2:00 p.m.

3:30 p.m. – 3:57 p.m.

5:16 p.m. – 5:21 p.m.

I. CALL TO ORDER

Dr. Hatfield called the meeting to order at 9:02 a.m.

A. AMENDMENTS TO AGENDA

Dr. Dreher moved to amend CR 11-163 to the complaint section of the agenda. Dr. Gleaton seconded the motion, which passed unanimously.

B. SCHEDULED AGENDA ITEMS

1. INFORMAL CONFERENCES

11:00 a.m. CR 10-290

1:00 p.m. CR 10-240

1:00 p.m. CR 10-481

2:30 p.m. CR 10-224

2:30 p.m. CR 10-480

2. 4:00 p.m. MPHP Annual Report

II. PROGRESS REPORTS

1. CR 10-049

Dr. Gleaton moved to table CR 10-049 until July 15, 2011. Dr. Dumont seconded the motion, which passed 5-0-0-2 with Dr. Hatfield and Dr. Dreher recused.

2. CR 10-436 ADAM W. OWEN, M.D.

Dr. Gleaton moved to dismiss CR 10-436 Adam W. Owen, M.D. with a letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

The patient complained that a physician started an invasive procedure in the form of a spinal injection for pain on the wrong side of the patient. The procedure was not finalized.

The physician has developed new processes to prevent a future reoccurrence, namely a new "time out" checklist and more complete preoperative order sheets. The physician is now doing evaluations on one day and performing operative procedures on a separate day to allow more careful planning. The patient also indicated that the explanation about the procedure given her in

the office preoperatively led to some of the confusion in the operative suite. The physician recognized this and has responded with a new desktop computer program with helpful, visual diagnostic images to improve patient education.

The patient indicated to the Board that she would appreciate the physician taking full responsibility for the situation and apologizing to her. The physician as the team leader in the operative suite, must continually champion quality care safeguards and periodically re-evaluate and improve operative and perioperative processes.

3. CR 10-051 DIRK VANDERSLOOT, M.D.

Dr. Dreher moved to dismiss CR 10-051 Dirk Vandersloot, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed 6-0-0-1 with Dr. Nyberg recused. The letter of guidance will remain on file for 10 years.

Dr. Vandersloot has for sometime focused his practice on alternative medical models while occasionally engaging in allopathic treatment of his patients. This may have confused his patients as to the extent of care they were receiving. In the case the patient in question had an adverse outcome, which might have been diagnosed earlier if it had been diagnosed through allopathic means.

After extensive dialogue with the Board, Dr. Vandersloot has changed his practice and brochures to reflect his intent to practice only non-allopathic medicine. He will ensure his patients seek allopathic care if there are symptoms suggesting causes which may be improved by allopathic means. Dr. Vandersloot also agrees he will no longer provide any allopathic prescriptions to himself, family members, friends, or patients.

4. CR 10-254

Dr. Hatfield moved to investigate further CR 10-254. Dr. Gleaton seconded the motion, which passed unanimously.

5. CR 10-431

Dr. Hatfield moved to order an informal conference in the matter of CR 10-431. Dr. Dumont seconded the motion, which passed unanimously.

6. CR 09-482 KHRISTINE C. BOTEZAN, M.D.

Dr. Gleaton moved to preliminarily deny the temporary license application of Khristine C. Botezan, M.D. based on fraud and deceit in application. Dr. Jones seconded the motion, which passed unanimously.

7. CR 10-512

Ms. Clukey moved to investigate further CR 10-512. Dr. Jones seconded the motion, which passed unanimously.

8. CR 10-087 PHILIP H. McFARLANE, M.D.

Dr. Dreher moved to dismiss CR 10-087 Philip H. McFarlane, M.D. with a letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

This case focused on the adequacy of a physician's monitoring of a patient's use of controlled medications which was difficult due to transportation issues. The physician now realizes he was too accepting of the repeated excuses offered by the patient. The physician is encouraged to maintain limits in the provision of such medications and to ensure adequate monitoring regardless of the patient's circumstances. The physician is also admonished not to prescribe any medications to family members unless in an emergency as outlined in Maine State law.

9. CR 10-451

Dr. Hatfield moved to dismiss CR 10-451. Dr. Gleaton seconded the motion, which passed unanimously.

This complaint was issued by the Board after reviewing charts brought to its attention by the Medical Director at the physician's previous practice. The Board was particularly concerned with the physician's poor documentation of his thought process behind his prescribing controlled substances, as well as his lack of documentation regarding ongoing evaluation of medication efficacy and patient compliance. The lack of a uniform policy regulating the prescription and monitoring of controlled substances was also noted.

The physician is now using electronic records for his patient care. There has been a large improvement in each of the areas that concerned the Board, particularly those involving documentation and medication monitoring. The ongoing evaluation of the efficacy of treatment is also well documented. There is now a policy regarding controlled substances that is uniformly enforced.

Based on these findings, the Board commends the physician on his efforts to improve the care of his patients.

10. CR 10-555

Dr. Gleaton moved to dismiss CR 10-555. Dr. Jones seconded the motion, which passed unanimously.

A mother complained about the care her 21 year old daughter received from a psychiatrist when the daughter was admitted to Spring Harbor Hospital. The mother was outraged that the physician did not seek her out for her daughter's medical history; she was also disappointed at not being able to more fully communicate with the physician. This was in part due to the constraints that the patient placed on the doctor. The mother also alleges that the physician lied

about her credentials and education, but there is no information to support this allegation. The medical records that were subpoenaed regarding this case show appropriate medical care was delivered. The physician made reasonable attempts, with the patient's permission, to communicate with her parents, but the interactions were strained.

11. COMPLAINT STATUS REPORT (FYI)

12. REVIEW DRAFT LETTERS OF GUIDANCE

A. CR 10-145 PAUL PLUMER, P.A.-C

Dr. Jones moved to approve the letter of guidance to Paul Plumer, P.A.-C. Dr. Gleaton seconded the motion, which passes unanimously.

13. PHYSICIAN FEEDBACK (FYI)

14. CONSUMER ASSISTANT FEEDBACK (FYI)

III. NEW COMPLAINTS

15. CR 10-581

Dr. Jones moved to order an informal conference in the matter of CR 10-581. Dr. Dumont seconded the motion, which passed unanimously.

16. CR 11-021

Dr. Jones moved to dismiss CR 11-021. Dr. Nyberg seconded the motion, which passed unanimously.

The complainant developed some postoperative periumbilical swelling and pain after a laparoscopic surgery. She saw her surgeon, had a CT scan of her abdomen and abdominal wall, and cellulitis was diagnosed. She had her skin stitches removed from her 2 cm incision and was placed on an antibiotic.

The swelling persisted and her wound dehiscenced two days later after she squeezed the bump or swelling. There was some extravasation of tissue so the patient called the on call OB-GYN surgeon who recommended emergency department evaluation. The emergency department physician assessed the patient, agreed that she had a dehiscence with some extrusion of tissue, but noted that the patient did not have a fever, did not have a lot of pain and there was no surrounding redness. The on call OB-GYN surgeon, on being called with this information, recommended a saline dressing and out patient follow-up with her surgeon the next day. The patient continued her antibiotics, had a follow-up appointment with her surgeon the next day, and returned to the operating room for a surgical repair of her dehiscence.

The emergency department physician followed the on call surgeon's recommendation and the patient followed both of their recommendations, seeking follow-up the next morning with her own surgeon. The dehiscence was unfortunate, but there is no evidence that the emergency physician's care caused any complications as alleged by the complainant. The care in the emergency department was appropriate.

17. CR 10-513

Dr. Hatfield moved to dismiss CR 10-513. Dr. Nyberg seconded the motion, which passed unanimously.

The complainant feels that the physician did not make needed referrals, was rude to her at times, and refused to sign a statement of medical necessity for a landline telephone. The physician explains her medical decision-making, and denies being rude to the patient. A review of the records shows appropriate medical care. The record also outlines the difficulties the physician faced with this patient, and the manner in which these difficulties were dealt with appropriately.

18. CR 10-523 MARYANNE W. MOORE, M.D. [see Appendix A attached]

Dr. Nyberg moved to approve a consent agreement in the matter of Maryanne W. Moore, M.D. which will resolve CR 10-523. Dr. Gleaton seconded the motion, which passed unanimously.

Dr. Dreher moved that no press release be issued. Dr. Gleaton seconded the motion which passed 6-1.

19. CR 10-554

Dr. Dumont moved to dismiss CR 10-554. Dr. Gleaton seconded the motion, which passed unanimously.

In this complaint the patient is concerned that a lipoma removed in surgery was not sent to pathology for review and that the surgeon discussed care with her son after surgery without the patient's permission. The surgeon acknowledges he did not send the specimen for review as it was not necessary since grossly the lesion represented a lipoma which was also consistent with previous ultrasound. Surgeon also admits talking with the son post-operatively but states that when he met with the patient before the surgery she gave him verbal permission to do this. In future cases it would be worth obtaining written permission to talk with families.

20. CR 11-020

Dr. Hatfield moved to dismiss CR 11-020. Dr. Dumont seconded the motion, which passed unanimously.

The complainant feels that her husband's broken bone was not appropriately managed and that hardware found to be defective should have been reported to the manufacturer but was not.

Numerous other complaints build upon these concerns, including some complaints involving the hospital in which the patient received his care.

A review of the records shows that the patient's fracture was treated appropriately. This particular type of fracture can often have less than optimal outcomes even with good care. Breakage of hardware is not unusual and is not indicative of it being defective. The physician sought a second opinion for the patient, and he documented conversations with the patient and the patient's wife in the medical record.

Although the outcome in this case was not that which was desired, this is most likely due to the nature of the injury itself. The Board does not find evidence of inappropriate care. The Board cannot address some of the other personal issues and insinuations raised by the complainant.

21. CR 10-606

Dr. Dumont moved to dismiss CR 10-606. Dr. Jones seconded the motion, which passed unanimously.

In this complaint the patient claims that her physician denied her access to oxycodone which she needed for pain from her diabetes. Review of the record indicates that the physician acted appropriately in evaluating a new patient by seeking previous medical records, reviewing the patient's Prescription Monitoring Report, and by ordering ancillary testing to confirm her diagnosis. In addition, the physician was concerned that oxycodone could make the patient's sleep apnea worse and ordered further testing for this. The patient did not follow up on these tests and became verbally upset with the doctor at the beginning of her subsequent office visit and left the office when it became evident that she was not going to receive a prescription for oxycodone. The office had subsequent contact with the patient to make sure she had appropriate follow-up and care. The physician provided appropriate and diligent care in his management of this patient.

22. CR 10-524 ALEXANDRIA E. NESBIT, P.A.-C.

Dr. Jones moved to order an adjudicatory hearing in the matter of Alexandria E. Nesbit, P.A.-C. (CR 10-524). Dr. Gleaton seconded the motion, which passed unanimously.

23. CR 10-531

Dr. Dreher moved to dismiss CR 10-531. Dr. Nyberg seconded the motion, which passed unanimously.

This complaint was made by a family member who was concerned with the physician's care of several relatives. In the three cases referenced, the records indicate one of them had refused testing which would have allowed earlier diagnosis and treatment and had transferred care to another physician some years prior to the patient's death. In the second case, the patient had numerous complex medical problems and specialists were involved in managing her care. Some treatment choices placed the patient at risk for complications, yet not providing them would have

placed the patient at risk for other significant problems. In the third case, the patient attested to refusing diagnostic testing which allowed an illness to become far advanced before it was discovered. The physician pursued care that was reasonable and appropriate given the constraints and complexities faced in each case.

24. CR 10-534

Dr. Dreher moved to dismiss CR 10-543. Dr. Dumont seconded the motion, which passed unanimously.

A patient complained his physician had not provided an early refill on his psychiatric medication, which the patient states resulted in an inability to sleep, which in turn caused his subsequent assault on two police officers. The physician's rebuttal and accompanying records indicate the patient used three months of medications in 2 months, a dangerous increase, and do not indicate any requests for an early refill or dose increase being called to the physician. The physician indicated a willingness to respond to the patient if he had been informed. An inpatient psychiatric admission immediately pursuant to the above assault stated the patient still had some of the medication in question at home.

25. CR 10-538

Dr. Hatfield moved to investigate further CR 10-538. Dr. Jones seconded the motion, which passed unanimously.

26. CR 10-567

Dr. Dreher moved to dismiss CR 10-567. Dr. Nyberg seconded the motion, which passed unanimously.

This complaint was filed by a family member who was very concerned that a relative was abusing her Suboxone and that the providing physician appeared not to be responding to their verbal and written alerts regarding their relative and her two year old son. Providing care to such individuals is often a struggle between competing harms and may entail significant risks in the pursuit of desired change. All of this is complicated by strict laws regarding patient confidentiality. The physician's response, corroborated by extensive records of his care and the care provided by mental health and other addiction treatment programs, indicates a concerted and collaborative process which included involvement of DHHS regarding the safety of the child. Throughout, there was an effort to coax the patient into a more stable and responsible position while addressing her admittedly chaotic life and impulsive behaviors with some progress being observed.

27. CR 10-571

Dr. Dreher moved to investigate further CR 10-571. Dr. Nyberg seconded the motion, which passed 6-1-0-0.

28. CR 10-572

Dr. Dreher moved to investigate further CR 10-572. Dr. Nyberg seconded the motion, which passed unanimously.

29. CR 10-600

Dr. Gleaton moved to dismiss CR 10-600. Ms. Clukey seconded the motion, which passed 5-0-0-2 with Dr. Hatfield and Dr. Jones recused.

A patient complained that he sent three letters requesting his records from 2004 when he was seen and evaluated by an orthopedic physician for right knee problems. The physician states he has no record of receiving any such requests by phone or in writing and that his office usually handles such requests promptly. There is no evidence in the record of requests for records being sent to the physician's office.

30. CR 11-019

Ms. Clukey moved to investigate further CR 11-019. Dr. Jones seconded the motion, which passed 5-0-0-2 with Dr. Hatfield and Dr. Gleaton recused.

31. CR 11-022

Dr. Nyberg moved to investigate further CR 11-022. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Gleaton recused.

32. CR 11-023

Ms. Clukey moved to dismiss CR 11-023. Dr. Jones seconded the motion, which passed unanimously.

The patient complains the physician hurt his injured arm by twisting it while evaluating him. The physician states he examined the patient's arm during a follow-up visit. The physician states and the medical records confirm that he examined his forearm and evaluated his arm for range of motion. The physician states he did not use undue force while examining his range of motion, but used a standard passive range of motion evaluation. The patient did not complain of pain during the exam and the physician was only made aware of the patient's dissatisfaction when he received the letter of complaint. The physician scheduled a follow-up exam in one month. The physician's statements and the medical records indicate that the care was appropriate.

33. CR 11-026

Dr. Gleaton moved to dismiss CR 11-026. Dr. Nyberg seconded the motion, which passed unanimously.

A person who sustained a knee injury while at work as a Certified Nurse Assistant complained that an orthopedic physician was not factual in his report and evaluation of her for a Section 207 Workers Compensation Examination. The records that were submitted and reviewed substantiate a reasonable and competently performed examination and assessment of the claimant as was required.

34. CR 11-163 JOHN MATT DORN, M.D.

Dr. Dreher moved to summarily suspend the license of John Matt Dorn, M.D. as he poses an imminent treat to public safety. Dr. Gleaton seconded the motion, which passed unanimously.

IV. ASSESSMENT & DIRECTION

35. AD 10-492

Dr. Gleaton moved to file AD 10-492. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Dreher recused.

36. AD 10-564

Dr. Dumont moved to file AD 10-564. Dr. Gleaton seconded the motion, which passed unanimously.

37. AD 11-058

Dr. Gleaton moved to investigate further AD 11-058. Dr. Jones seconded the motion, which passed 6-1-0-0.

38. AD 11-079 (CR 11-172)

Dr. Gleaton moved to issue a complaint in the matter of AD 11-079 (CR 11-172). Dr. Dumont seconded the motion, which passed unanimously.

39. AD 11-107

Dr. Dreher moved to file AD 11-107. Dr. Gleaton seconded the motion, which passed unanimously.

40. AD 11-110 (CR 11-173)

Dr. Gleaton moved to issue a complaint in the matter of AD 11-110 (CR 11-173). Dr. Dumont seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCE(S)

41. CR 10-290

Dr. Dumont moved to table CR 10-290 for six months at which time the Board will review six charts and review a PMP report. Dr. Nyberg seconded the motion, which passed unanimously.

42. CR 10-240 TASHA A. WORSTER, M.D.

Dr. Jones moved to dismiss the complaint against Tasha A. Worster, M.D. CR 10-240 with a letter of guidance. Dr. Dreher seconded the motion, which passed unanimously.

In this case, a patient complained that the doctor inappropriately discharged her from the emergency department. She stated that the doctor did not do an examination and tried to schedule a procedure the following week. The patient stated she had a procedure performed by another physician four days later.

The physician stated she reviewed the information gathered in the emergency department, performed an examination and felt that the patient did not require acute surgery. She admitted there was no note of her interactions with the patient other than the resident's note.

After review, the Board voted to dismiss this case with a Letter of Guidance which will emphasize the need for the physician to document her evaluation and improve her supervision of physicians in training.

43. CR 10-481

Dr. Gleaton moved to table CR 10-481 until October. Dr. Dumont seconded the motion, which passed 6-0-0-1 with Dr. Hatfield recused.

44. CR 10-224

Dr. Jones moved to dismiss CR 10-224. Dr. Dreher seconded the motion, which passed unanimously.

This case concerns a patient brought in by his wife and later his daughter. The complaint addresses medical management, communication, and de-escalation of conflict. The provider showed impressive concern for the patient but may have lost her objectivity.

In future care of difficult family situations or complex patients, the provider is urged to be mindful of her limits, approach care as a team member, document well, involve specialists early, and be mindful of boundaries.

45. CR 10-480

Dr. Hatfield moved to table CR 10-480 and re-evaluate in six months. Dr. Gleaton seconded the motion, which passed unanimously.

PUBLIC SESSION

VI. MINUTES OF MARCH 8, 2011

Dr. Nyberg moved to approve the minutes of March 8, 2011. Dr. Gleaton seconded the motion, which passed 6-0-1-0 with Dr. Dumont abstaining.

VII. BOARD ORDERS & CONSENT AGREEMENT MONITORING AND APPROVAL

A. BOARD ORDERS (none)

B. CONSENT AGREEMENT MONITORING AND APPROVAL

1. GEORGE H. BUTLERS, M.D.

Dr. Butlers entered a Consent Agreement for conditional licensure with the Board on September 14, 2010 after the Board received his application for licensure on which Dr. Butlers disclosed not practicing medicine for twenty years. The Board has received a letter from Howard R. Margolskee, M.D., Medical Director at Seabasticook Valley Health requesting approval to act as Dr. Butlers' supervising physician. Dr. Margolskee also presented a proposal for slowly reintegrating Dr. Butlers into active practice which included a detailed plan and timeline.

Dr. Dumont moved to approve Dr. Margolskee as supervisor for Dr. Butlers along with his plan for accomplishing Dr. Butler's slow reintegration into active practice. Dr. Jones seconded the motion, which passed unanimously.

2. ANDREW FLETCHER, M.D.

Dr. Nyberg moved to table Dr. Fletcher's request to decrease the frequency of his urine drug testing and counselling until supporting materials have been provided. Dr. Dreher seconded the motion which passed 5-0-0-2 with Dr. Jones and Dr. Dumont recused.

3. CADUCEUS MEETINGS (FYI)

4. PHYSICIAN SURVEY FOLLOW-UP (FYI)

5. MICHAEL FESTINO, M.D.

Dr. Dreher moved to approve the course Dr. Festino proposed. Ms. Clukey seconded the motion, which passed unanimously.

6. MARYANNE MOORE, M.D. [See # 18 under New Complaints]

VIII. ADJUDICATORY HEARING(S)

IX. REMARKS OF CHAIRMAN (none)

X. EXECUTIVE DIRECTOR'S MONTHLY REPORT

The Board accepted the report of the Executive Director.

A. COMPLAINT STATUS REPORT (FYI)

B. POLICY REVIEW – FEE SCHEDULE

Dr. Nyberg moved to reaffirm the Board's fee schedule policy. Dr. Dreher seconded the motion, which passed unanimously.

C. PENDING LICENSE RENEWAL APPLICATIONS PROPOSED REVISIONS

Dr. Dreher moved to approve the proposed amendments to the Pending License Renewal Applications policy. Dr. Gleaton seconded the motion, which passed unanimously.

D. NOTIFICATION TO 24 MRS 2505 MANDATED REPORTERS POLICY

Dr. Dreher moved to approve the revisions to the proposed policy regarding mandated reporters. Dr. Gleaton seconded the motion, which passed unanimously.

E. MAINTENANCE OF LICENSE (FYI)

F. MMA RX EDUCATION CONTRACT

Maine Medical Association has requested a o-cost extension of the Chronic Pain Consultation Contract with the Board until December 31, 2011.

Dr. Dreher moved to approve a no-cost extension to MMA's Chronic Pain Consultation Contract until December 31, 2011. Dr. Jones seconded the motion, which passed unanimously.

XI. MEDICAL DIRECTOR'S REPORT

Dr. Cooper reported feedback he has received after physicians and physician assistants received a letter regarding the Maine jurisprudence exam and the Informed Consent Document.

XII. REMARKS OF ASSISTANT ATTORNEY GENERAL (NONE)

XIII SECRETARY'S REPORTA, LIST A1. LIST A – M.D. LICENSES FOR RATIFICATION

Dr. Jones moved to ratify Dr. Hatfield's approval of the following M.D. license applications. Dr. Dreher seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Burkins, John A.	Psychiatry	Bangor
Chen, Grace L.	Internal Medicine	Eastport
Chugay, Ganna	Anesthesiology	Skowhegan
Dowling Marie A	Emergency Medicine	Bangor
Ellabbad, Essam-Eldin M.	Psychiatry	Not Listed
Foley, Charles E.	Plastic Surgery	Auburn / Lewiston
Haire, Henry M.	Internal Medicine	Skowhegan
Hanafee, Wendy J.	Radiology	Not Listed
Hayn, Matthew H.	Urology	Portland
Herbert-Grant, Mary O.	Pediatrics	Bangor
Hill, Otis M., Jr.	Pediatrics	Waterboro
Hossalla, Doris E.	Pediatrics	Waterboro
JainN, Shelly	Diagnostic Radiology	Not Listed
Khan, Naveed A.	Internal Medicine	Fort Kent
Kutz, Richard H, III	Plastic Surgery	Portland
Mandell, Todd W.	Psychiatry	Portland
McDonald, Colin T.	Neurology	Waterville
Milhauser, Robert Charles	Internal Medicine	Lewiston / Auburn
MonteiroO, Bianca C.	Internal Medicine	Portland
Moran, Stephen	Psychiatry	Bangor
Pouloupoulos, Markos	Neurology	Bangor
Rahimi, Farid A.	Family Practice	Not Listed
Salim, Sadia	Anatomic & Clinical Pathology	Not Listed
Shafer, Ronald M.	Psychiatry	Bangor
Smith, Robert S.	Anatomic & Clinical Pathology	Telepathology
Soreng, Atul K.	Family Medicine	Penobscot
Spencer, Charles D.	Internal Medicine	Not Listed
Swamy, Narasimha	Surgery / Vascular Surgery	Bridgton
Thomas Brown, Wendy A.	Pediatric Radiology	Not Listed
Williams, Vonzell O.	Internal Medicine	Waterville

2. P.A. List A Licenses for Ratification

Dr. Dumont moved to ratify Dr. Hatfield's approval of the following P.A. license applications. Dr. Jones seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by the Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>Name</u>	<u>License</u>	<u>PSP</u>	<u>Location</u>
Melbourne Baldwin, P.A.-C.	Inactive	None	None
Garrett Babbs, P.A.-C	Active	Christine White, M.D.	Old Town
Erin Bateman, P.A.-C	Active	John Baker, M.D.	Newport

B. LIST B APPLICATIONS FOR INDIVIDUAL CONSIDERATION1. MOHAMMAD S. A. MALLICK, M.D.

The Licensure Committee moved to grant the waiver request and approve Dr. Mallick's application for licensure. The motion passed unanimously.

C. LIST C APPLICATIONS FOR REINSTATEMENT (NONE)D. LIST D WITHDRAWALS1. LIST D (1) WITHDRAW LICENSE APPLICATION (NONE)2. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION

Dr. Jones moved to approve the licenses on List D (2) to withdraw their licenses from registration. Dr. Dumont seconded the motion, which passed unanimously.

The following physicians and physician assistants have applied to withdraw their licenses from registration:

<u>NAME</u>	<u>LICENSE NUMBER</u>
Bentz, Shelby	018070
Burnham, Harold	005528
Deur, Tomislav	016414
Giansiracusa, David	017484
Maercks-Nagle, Lisa R.	016717

3. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION
INDIVIDUAL APPROVALA. JAY SMITH, M.D.

Dr. Dumont moved to allow Dr. Jay Smith to withdraw his license from registration.
Dr. Dreher seconded the motion, which passed unanimously.

E. LIST E – LICENSES TO LAPSE BY OPERATION OF LAW (NONE)

F. LIST F – LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS (NONE)

G. LIST G – RENEWAL APPLICATIONS FOR REVIEW

1. THOMAS GASSERT, M.D.

The Licensure Committee moved to grant renewal to Thomas Gassert, M.D. and the motion passed unanimously.

2. DONALD SAWYER, M.D.

The Licensure Committee moved to investigate further the renewal application of Donald Sawyer, M.D. and the motion passed 6-0-0-1 with Dr. Jones recused.

3. PAUL KLUGER, M.D.

Dr. Jones moved to renew the license of Paul Kluger, M.D. Dr. Gleaton seconded the motion, which passed unanimously.

H. LIST H – P.A. SCHEDULE II REQUESTS AND RENEWALS

1. LIST H (1) APPLICATIONS TO RENEW SCHEDULE II AUTHORITY

Dr. Jones moved to ratify the Board Secretary's approval of the renewal of the Schedule II Authority of the Physician Assistants on List H (1). Dr. Gleaton seconded the motion, which passed unanimously.

The following renewal requests for Schedule II prescribing authority have been approved by the Board Secretary Gary R. Hatfield, M.D.

NAME	PSP	LOCATION
Paul Roberts, P.A.-C	Howard Jones, M.D.	Belfast
Brad Schmeling, P.A.-C	David Burke, M.D.	Bangor
Teri Schrock, P.A.-C	Julia Lockwood, M.D.	Yarmouth
Susan Trafson, P.A.-C	George Polkinghorn, M.D.	Brunswick
Daniel Dorsky, P.A.-C	George Glass, M.D.	Lewiston
Danielle George, P.A.-C	Carmine Frumiento, M.D.	Lewiston
Michael Luck, P.A.-C	Scott Kemmerer, M.D.	Augusta

2. LIST H (2) APPLICATIONS FOR NEW SCHEDULE II AUTHORITY

Dr. Gleaton moved to ratify the Board Secretary's approval of the new applications for Schedule II Authority of the Physician Assistants on List H (2). Dr. Jones seconded the motion, which passed unanimously.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
John Halterman, P.A.-C.	Gregory Adey, M.D.	Portland
Garrett Babbs, P.A.-C.	Christine White, M.D.	Princeton
Callie McMahon, P.A.-C.	Stephanie Grohs, M.D.	Brunswick
Cheryl Flynn, P.A.-C.	Karen Miller, M.D.	Machias
Allison Gagnon, P.A.-C.	Marc Christensen, M.D.	Lewiston
Craig Pedersen, P.A.-C.	David Burke, M.D.	Bangor

XIV. STANDING COMMITTEE REPORTS

A. ETHICS COMMITTEE (FYI)

B. LEGISLATIVE & REGULATORY COMMITTEE (FYI)

C. LICENSURE COMMITTEE

1. POSTGRADUATE TRAINING REQUIREMENT DISCUSSION [Sarka]

a. GREGORY V. SARKA, D.D.S., M.D.

The Board discussed the recent re-licensure of Dr. Sarka, who applied for and was granted a permanent Maine license on August 6, 2004, which the Board has renewed four times. The discussion centered on Dr. Sarka's initial license application, which shows that he had only one of the two years of ACGME accredited post graduate training required by the Board statute to qualify for a license and that his license was issued in error. The Board discussion also involved the recognition that Dr. Sarka was not at fault in acquiring the medical license, that he is probably extremely skilled and competent, that he currently holds a dental license, and that the licensing statute does not include an exception to the 2 year ACGME post-graduate training requirements in order to qualify for a license. The Board took full responsibility for the error in issuing Dr. Sarka a license.

Dr. Dreher moved to table the matter. Dr. Jones seconded the motion, which passed unanimously.

D. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

1. NOMINATIONS TO THE COMMITTEE FOR APPROVAL

Dr. Jones moved to appoint Gregg Christianson, PA-C to server a one year term and Charles Roth, PA-C to serve a four year term on the PA Advisory Committee. Dr. Gleaton seconded the motion, which passed unanimously.

XV. BOARD CORRESPONDENCE (NONE)

XVI. FYI

XVII. FSMB MATERIAL

A. SPEX/PLAS (FYI)

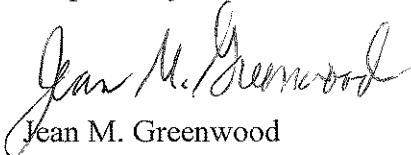
XVIII. MPHP ANNUAL REPORT

Lani Graham, M.D. and Cathryn Stratton, BS submitted their annual report Maine Physicians' Health Program.

XIX. ADJOURNMENT 6:30 p.m.

Dr. Nyberg moved to adjourn the meeting. Dr. Dumont seconded the motion, which passed unanimously.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Jean M. Greenwood".

Jean M. Greenwood
Board Coordinator

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:)	CONSENT
Maryanne W. Moore, M.D.)	AGREEMENT
CR10-523)	

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice as a physician in the State of Maine held by Maryanne W. Moore, M.D. The parties to the Consent Agreement are: Maryanne W. Moore, M.D. ("Dr. Moore"), the State of Maine Board of Licensure in Medicine ("the Board"), and the State of Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. At all times relevant to the complaint, Dr. Moore was a licensee of the Board. The Board first issued Dr. Moore a medical license on July 25, 2002. Dr. Moore specializes in Anesthesiology.

2. On September 7, 2010, the Board received a letter from the Maine Medical Association Medical Professionals Health Program (MPHP) indicating that Dr. Moore had entered that program on June 21, 2010, and had relapsed to the use of alcohol on August 23, 2010. The MPHP also indicated that, as a result, it would increase the frequency of Dr. Moore's monitoring, attendance at self-help meetings, and counseling.

3. On October 18, 2010, the Board received a letter from the MPHP indicating that Dr. Moore had self-reported a relapse to the use of alcohol on

October 4, 2010. According to the MPHP, Dr. Moore was not working nor on call at the time of the relapse, and tested positive for alcohol markers on October 6, 2010. The MPHP also indicated that Dr. Moore had enrolled in an intensive outpatient substance abuse program, and recommended that she enter an inpatient program for a comprehensive evaluation.

4. On or about October 28, 2010, the Board received a letter from Dr. Moore updating her treatment for alcohol abuse. Dr. Moore detailed her efforts to comply with the recommendations of the MPHP, including increased monitoring, attending intensive outpatient substance abuse treatment, individual counseling, and attending self-help groups. In addition, Dr. Moore indicated that she intended to follow the recommendation of the MPHP to enter inpatient substance abuse treatment on November 2, 2010.

5. On October 29, 2010, the Board received a letter from the MPHP indicating that Dr. Moore would be entering inpatient substance abuse treatment on November 1, 2010, which would include a comprehensive evaluation.

6. On November 2, 2010, Dr. Moore entered an intensive inpatient program for chemical dependency related to her use of alcohol. Dr. Moore completed the program and was transferred to an extended care program from which she was discharged on January 10, 2011.

7. On March 23, 2011, Dr. Moore telephoned the Board and spoke directly with Board staff to self-report that she had relapsed and consumed

alcohol on March 22, 2011. Dr. Moore further reported that she was not practicing medicine.

8. On March 28, 2011, the Board received a letter from the MPHP indicating that Dr. Moore had relapsed to the use of alcohol on March 22, 2011, and was subsequently suspended from work.

9. This Consent Agreement has been negotiated by and between Kenneth W. Lehman, Esq., legal counsel for Dr. Moore, and legal counsel for the Board in order to resolve this matter without further proceedings. Absent Dr. Moore's acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before April 11, 2011, the Board will conduct further investigations and proceedings.

10. By signing this Consent Agreement, Dr. Moore waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification on April 12, 2011. Dr. Moore also forever waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

11. Dr. Moore has been cooperative with the Board and the Office of Attorney General.

COVENANTS

In lieu of further investigations and proceedings in this matter, Dr. Moore agrees to the following:

12. Dr. Moore admits that the Board has evidence from which it could conclude by the preponderance of the evidence that she has engaged in "habitual substance abuse that... is foreseeably likely to result in her performing services in a manner that endangers¹ the health or safety of patients," which constitutes grounds for discipline pursuant to 32 M.R.S. § 3282-A(2)(B).

13. As discipline for the conduct described in paragraphs 1-12 above, Dr. Moore agrees to the IMMEDIATE and VOLUNTARY SURRENDER of her Maine medical license effective upon the execution² of this Consent Agreement. In complying with this provision, Dr. Moore shall immediately return her Maine medical license to the Board.

14. Nothing in this Consent Agreement shall prohibit Dr. Moore from, at reasonable intervals, petitioning the Board for reinstatement of her Maine medical license. Upon petitioning the Board for reinstatement, Dr. Moore shall bear the burden of demonstrating that: (a) her Maine medical license should be reinstated; and (b) that the resumption of her practice of medicine would not pose a risk to the public; and (c) that no grounds exist for the Board to deny her application for reinstatement. The Board, upon receipt of any such petition for reinstatement from Dr. Moore, may direct that she undergo whatever testing and evaluations that it deems appropriate. In addition, Dr. Moore shall execute any and all releases so that the Board, Board staff, and Office of

¹ The Board is not aware of any information that Dr. Moore actually caused any harm to any patients.

² For the purposes of this Consent Agreement, "execution" means the date on which the final signature is affixed hereto.

Attorney General may obtain copies of her medical, psychological, and counseling records and evaluations. Following its receipt of a petition for reinstatement from Dr. Moore, and its review of any records, evaluations and investigative information, the Board shall retain the sole discretion to: (a) following an opportunity for an adjudicatory hearing, grant or deny the petition; or (b) grant Dr. Moore a license subject to restrictions and/or conditions pursuant to a consent agreement under the authority of 32 M.R.S. § 3282-A(2) and 10 M.R.S. 8003(5).

15. This Consent Agreement does not require Dr. Moore to seek or obtain reinstatement of her Maine medical license. Dr. Moore may choose to seek and obtain licensure in another State or jurisdiction.

16. Dr. Moore waives her right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Moore agrees that this Consent Agreement and Order is a final order resolving pending Complaint No. CR10-523 and the pending investigation before the Board. This Consent Agreement is not appealable and is effective until or unless modified or rescinded in writing by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General.

17. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Moore or any other matter relating to this Consent Agreement.

18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408. This Consent Agreement constitutes disciplinary action that is reportable to the Federation of State Medical Boards (FSMB), the National Practitioner Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB).

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

20. Dr. Moore acknowledges by her signature hereto that she has read this Consent Agreement, that she has had an opportunity to consult with an attorney before executing this Consent Agreement, that she executed this Consent Agreement of her own free will and that she agrees to abide by all terms and conditions set forth herein.

I, MARYANNE MOORE, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 3-31-2011

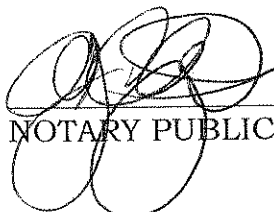
MURMORR, MD
MARYANNE W. MOORE, M.D.

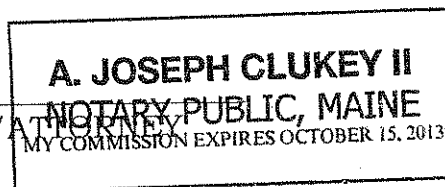
STATE OF Maine

ALCOOSTOOK, S.S.

Personally appeared before me the above-named Maryanne W. Moore, M.D., and swore to the truth of the foregoing based upon her own personal knowledge, or upon information and belief, and so far as upon information and belief, she believes it to be true.

DATED: 3-31-2011


NOTARY PUBLIC/ATTORNEY



MY COMMISSION ENDS:

10-15-2013


DATED: 4/5/2011

Kenneth W. Lehman
KENNETH W. LEHMAN, ESQ.
Attorney for Dr. Moore

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED:

4/12/11




GARY R. HATFIELD, M.D., Acting
Chairman

STATE OF MAINE OFFICE
OF THE ATTORNEY GENERAL

DATED:

4/12/11



DENNIS E. SMITH
Assistant Attorney General

Effective Date:

4/12/11